

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000093709

1. Corporation Name

Challenging Ideas, Inc.

2. Principal Office Address - No P.O. Box #

33433 Pleasant Lane

Suite, Apt. #, etc.

3. Mailing Office Address

33433 Pleasant Lane

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Dade City, FL

Zip

33523

Country

Pasco

Zip

33523

Country

Pasco

7. Name and Address of Current Registered Agent

Name

H.B. Ross & Co.

Street Address (P.O. Box Number is Not Acceptable)

5243 Gall Blvd.

Suite, Apt. #, Etc.

Suite 4

City

Zephyrhills

State

FL

Zip Code

33542

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date 02/12/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Virginia Riggs	33433 Pleasant Drive	Dade City, FL 33523

10. E-mail Address: JTRIGGS1190@EMBARQMAIL.COM

(To be used for future annual report notification)

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/2010 813-312-1921

Date

Daytime Phone #

FILED

10 FEB 16 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100169008871
02/16/10--01033--008 **308.75

REINSTATEMENT 09-10
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

June 30, 2005

5. FEI Number

20-3086634

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

2/16/20